

PROJECT 10073 RECORD CARD

1. DATE July 1958		2. LOCATION Little Neck, New York		12. CONCLUSIONS <input type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon <input type="checkbox"/> Was Aircraft <input type="checkbox"/> Probably Aircraft <input type="checkbox"/> Possibly Aircraft <input type="checkbox"/> Was Astronomical <input type="checkbox"/> Probably Astronomical <input type="checkbox"/> Possibly Astronomical <input checked="" type="checkbox"/> Other <u>UNRELIABLE REPORT</u> <input type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown	
3. DATE-TIME GROUP Local <u>night</u> GMT <u>not given</u>		4. TYPE OF OBSERVATION <input checked="" type="checkbox"/> Ground-Visual <input type="checkbox"/> Ground-Radar <input type="checkbox"/> Air-Visual <input type="checkbox"/> Air-Intercept Radar			
5. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		6. SOURCE Civilian			
7. LENGTH OF OBSERVATION 5 minutes		8. NUMBER OF OBJECTS about 20		9. COURSE Southerly	
10. BRIEF SUMMARY OF SIGHTING About 20 objects in formation like ducks observed at night. Flight from East to SouthEast.				11. COMMENTS Objects observed in 1958. Reported in 1963. Witness was 12 years old at time of sighting. Case considered as an unreliable report due to delay in reporting sighting.	

ATIC FORM 329 (REV 26 SEP 52)

Director	RETURN TC	1-13-61	1958
Records Studies			
Air Force Archives Branch			
Maxwell AFB, Alabama			



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON 25, D. C.

March 14, 1963

Where has he
been since
1958?
KW.

PUBLIC AFFAIRS

MEMORANDUM FOR DIRECTOR OF INFORMATION, USAF

SUBJECT: Referral of Correspondence

The inclosed correspondence is forwarded for consideration and appropriate action ~~to include~~ direct reply to the writer who has not been notified of this referral. Information copy of your reply is not requested.

Incl: Ltr dtd March '63

Little Neck, N. Y.

Staff Assistant
Directorate for Special Activities
Room 2D 776, The Pentagon
Liberty 5-6700, Ext. 76462

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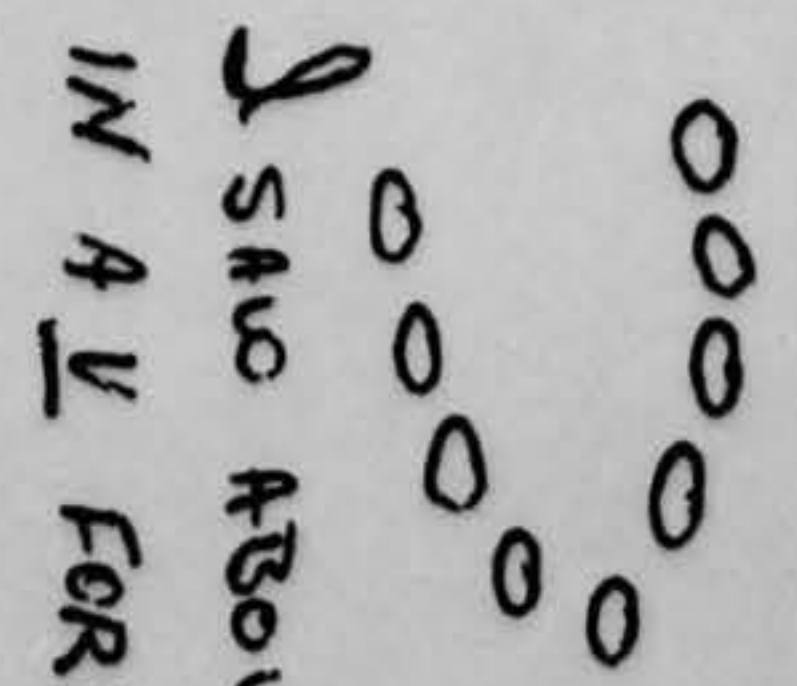
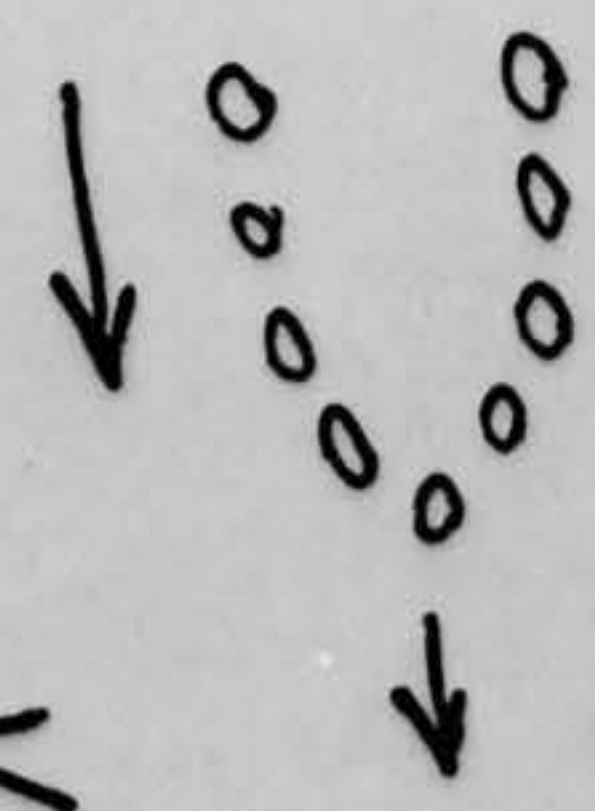
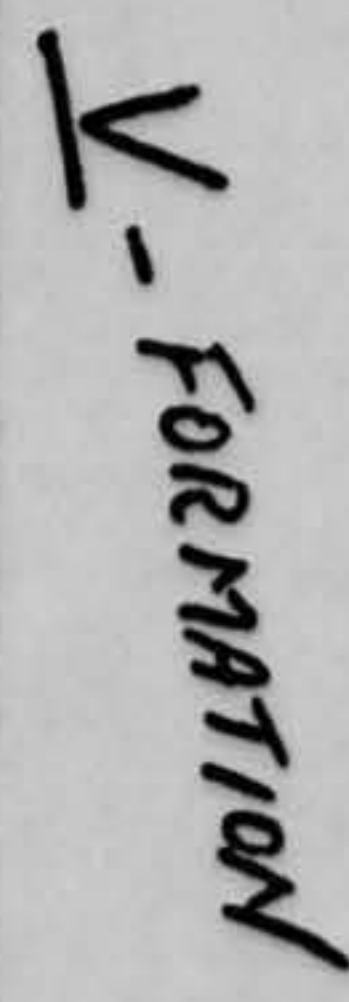
U. S. AIR FORCE TECHNICAL INFORMATION SHEET	
This questionnaire has been prepared so that you can give the U. S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes, and will be regarded as confidential material. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that, if it is deemed necessary, we may contact you for further details.	
1. When did you see the object? Day <u>July</u> Month <u>58</u> Year	2. Time of day: _____ (Circle One): A.M. or P.M.
3. Time zone: (Circle One): a. Eastern b. Central c. Mountain d. Pacific e. Other _____	(Circle One): a. Daylight Saving b. Standard
4. Where and when you saw the object? Nearest Postal Address <u>AVE</u> City or Town <u>LITTLE NECK</u> State or Country <u>N.Y.</u> Additional remarks: _____	
5. Estimate how long you saw the object. _____ Hours _____ Minutes _____ Seconds _____	
5.1 Circle one of the following to indicate how certain you are of your answer to Question 5. a. Certain b. Fairly certain c. Not very sure d. Just a guess	
6. What was the condition of the sky? (Circle One): a. Bright daylight b. Dull daylight c. Bright twilight d. Just a trace of daylight e. No trace of daylight f. Don't remember	
7. If you saw the object during DAYLIGHT, TWILIGHT, or DAWN, where was the SUN located as you looked at the object? (Circle One): a. In front of you b. In back of you c. To your right d. To your left e. Overhead f. Don't remember	

Appendix III

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8. IF you saw the object at NIGHT, TWILIGHT, or DAWN, what did you notice concerning the STARS and MOON?		
8.1 STARS (Circle One):		
a. None	b. Bright moonlight	
<input checked="" type="radio"/> c. A few	b. Dull moonlight	
d. Many	c. No moonlight — pitch dark	
d. Don't remember	<input checked="" type="radio"/> Don't remember	
8.2 MOON (Circle One):		
9. Was the object brighter than the background of the sky?		
(Circle One):	<input checked="" type="radio"/> a. Yes	b. No
c. Don't remember		
10. IF it was BRIGHTER THAN the sky background, was the brightness like that of an automobile headlight?		
(Circle One):		
a. A mile or more away (a distant car)	b. Several blocks away?	
<input checked="" type="radio"/> c. A block away?	d. Several yards away?	
e. Other		
11. Did the object:		
(Circle One for each question)		
a. Appear to stand still at any time?	<input checked="" type="radio"/> Yes	Don't Know
b. Suddenly speed up and rush away at any time?	<input checked="" type="radio"/> Yes	Don't Know
c. Break up into parts or explode?	<input checked="" type="radio"/> Yes	Don't Know
d. Give off smoke?	<input checked="" type="radio"/> Yes	Don't Know
e. Change brightness?	<input checked="" type="radio"/> Yes	Don't Know
f. Change shape?	<input checked="" type="radio"/> Yes	Don't Know
g. Flicker, throb, or pulsate?	<input checked="" type="radio"/> Yes	Don't Know
12. Did the object move behind something at anytime, particularly a cloud?		
(Circle One):		
Yes	<input checked="" type="radio"/> No	Don't Know
If you answered YES, then tell what it moved behind: _____		
13. Did the object move in front of something at anytime, particularly a cloud?		
(Circle One):		
Yes	<input checked="" type="radio"/> No	Don't Know
If you answered YES, then tell what it moved in front of: _____		
14. Did the object appear: (Circle One):		
a. Solid?	b. Transparent?	c. Don't Know.
<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	<input checked="" type="radio"/> No
15. Did you observe the object through any of the following?		
a. Eyeglasses	Yes	<input checked="" type="radio"/> No
b. Sun glasses	Yes	<input checked="" type="radio"/> No
c. Windshield	Yes	<input checked="" type="radio"/> No
d. Window glass	Yes	<input checked="" type="radio"/> No
e. Binoculars	Yes	<input checked="" type="radio"/> No
f. Telescope	Yes	<input checked="" type="radio"/> No
g. Thedolite	Yes	<input checked="" type="radio"/> No
h. Other	Yes	<input checked="" type="radio"/> No

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16. Tell in a few words the following things about the object:	
a. Sound	<u>I DID NOT HEAR ANY SOUND</u>
b. Color	<u>BRIGHT GLOWING SILVER</u>
17. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.	
	
18. IF there was MORE THAN ONE object, then how many were there? <u>ABOUT 20</u>	
Draw a picture of how they were arranged, and put an arrow to show the direction that they were moving.	
	
19. The edges of the object were:	
(Circle One):	a. Other _____
<input checked="" type="radio"/> b. Fuzzy or blurred	
<input checked="" type="radio"/> c. Like a bright star	
<input checked="" type="radio"/> d. Sharply outlined	
<input checked="" type="radio"/> e. Don't remember	
20. IF there was MORE THAN ONE object, then how many were there? <u>ABOUT 20</u>	
Draw a picture of how they were arranged, and put an arrow to show the direction that they were moving.	
	

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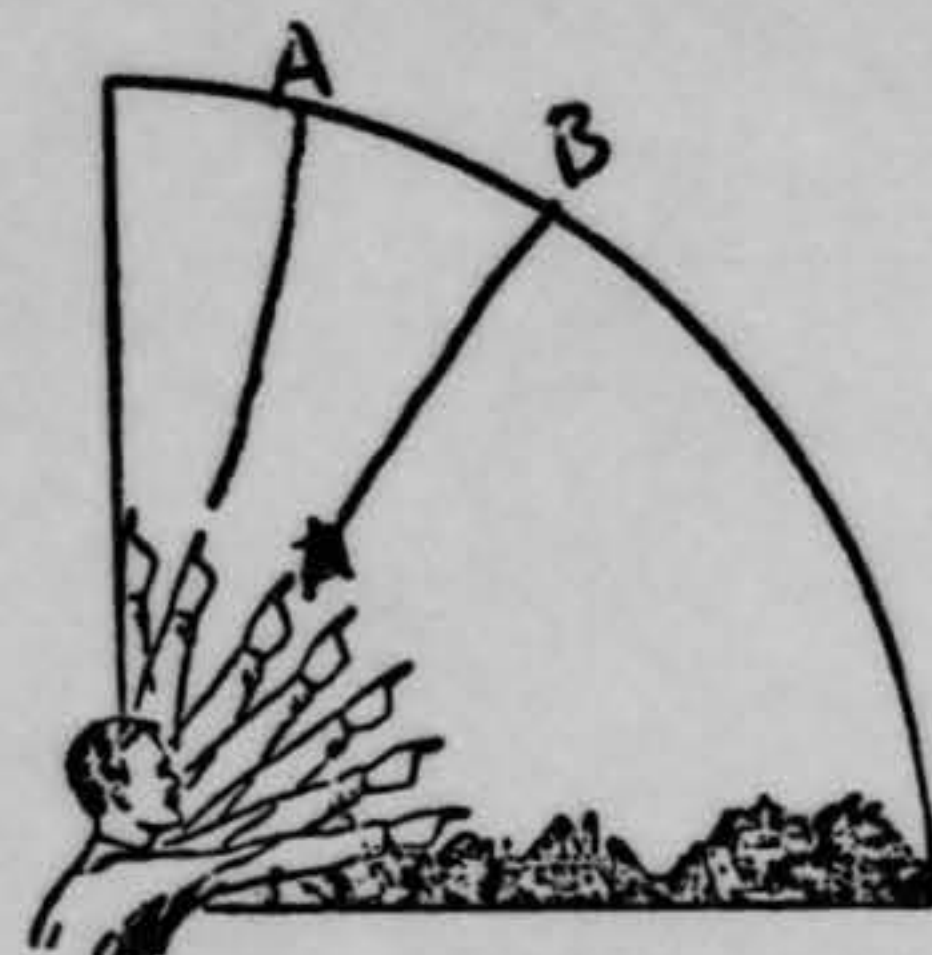
<p>20. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.</p> <p>A — B THEY WENT STRAIGHT FOR AWHILE THEN BROKE UP, WENT MANY DIFFERENT DIRECTIONS, THEN THE SLOWLY DISAPPEARED</p>	<p>21. IF POSSIBLE, try to guess or estimate what the real size of the object was in its longest dimension. feet. <u>COULD NOT TELL</u></p>
<p>22. How large did the object or objects appear as compared with one of the following objects held in the hand and of about arm's length?</p> <p>(Circle One):</p> <p>a. Head of a pin <input checked="" type="radio"/> Silver dollar b. Pin <input type="radio"/> Baseball c. Dime <input type="radio"/> Grapefruit d. Nickel <input type="radio"/> Basketball e. Quarter <input type="radio"/> Other _____ f. Half dollar</p>	<p>22.1 (Circle One of the following to indicate how certain you are of your answer to Question 22.)</p> <p><input checked="" type="radio"/> Certain <input type="radio"/> No, very sure <input type="radio"/> Fairly certain <input type="radio"/> Uncertain</p>
<p>23. How did the object or objects disappear from view? <u>AFTER THEY BROKE UP SLOWLY CLIMBED INTO SPACE UNTIL I COULD NOT SEE THEM ANYMORE</u></p>	
<p>24. In order to be sure you got a clear picture as possible of what you saw, we would like for you to imagine that you could construct the object that you saw. Of what type material would you make it? How large would it be, and what shape would it have? Describe in your own words a human object or objects which when placed up on the sky would give the same appearance as the object which you saw.</p> <p>I DON'T KNOW WHAT IT WAS MADE OF. TO ME IT LOOKED LIKE A SHINY STAR</p>	

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<p>25. Where were you located when you saw the object?</p> <p>(Circle One):</p> <p>a. Inside a building b. In a car <input checked="" type="radio"/> c. Outdoors d. In an airplane e. At sea f. Other _____</p>	<p>26. Were you (Circle One)</p> <p><input checked="" type="radio"/> In the business section of a city? <input type="radio"/> In the residential section of a city? d. Flying over an airfield? e. Flying over a city? f. Flying over open country? g. Other _____</p>
<p>27. What were you doing at the time you saw the object, and how did you happen to notice it?</p> <p>I WAS TAKING A WALK THAT NIGHT AND LOOKED UP AT THE SKY, AND THEN I SAW THEM</p>	
<p>28. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:</p>	
<p>28.1 What direction were you moving? (Circle One)</p> <p>a. North <input type="radio"/> East <input type="radio"/> South b. Northeast <input type="radio"/> Southeast <input type="radio"/> West c. Northwest <input type="radio"/> Southwest <input type="radio"/> Northwest</p>	<p>28.2 How fast were you moving? _____ miles per hour.</p>
<p>28.3 Did you stop at any time while you were looking at the object?</p> <p>(Circle One) Yes No</p>	
<p>29. What direction were you looking when you first saw the object? (Circle One)</p> <p>a. North <input checked="" type="radio"/> East <input type="radio"/> South b. Northeast <input type="radio"/> Southeast <input type="radio"/> West c. Northwest <input type="radio"/> Southwest <input type="radio"/> Northwest</p>	
<p>30. What direction were you looking when you last saw the object? (Circle One)</p> <p>a. North <input checked="" type="radio"/> East <input type="radio"/> South b. Northeast <input type="radio"/> Southeast <input type="radio"/> West c. Northwest <input type="radio"/> Southwest <input type="radio"/> Northwest</p>	
<p>31. If you are familiar with bearing terms (compass directions), try to estimate the number of degrees the object was from true North and also the number of degrees it was upward from the horizon (altitudes).</p>	
<p>31.1 When it first appeared:</p> <p>a. From true North _____ degrees b. From horizon _____ degrees</p>	<p>31.2 When it disappeared:</p> <p>a. From true North _____ degrees b. From horizon _____ degrees</p>
<p>NOT FAMILIAR WITH BEARING TERMS</p>	

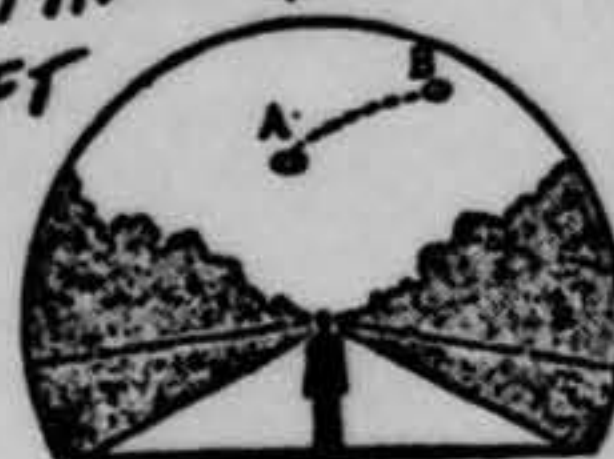
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32. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you first saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you last saw it.



33. In the following larger sketch place an "A" at the position the object was when you first saw it, and a "B" at its position when you last saw it. Refer to smaller sketch as an example of how to complete the larger sketch.

THEY WERE SOMETHING LIKE THIS
WHEN I FRIST SAW THEM, THEN BROKE
UP AND LEFT



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34. What were the weather conditions at the time you saw the object?

34.1 CLOUDS (Circle One)

- ☒ a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds
- e. Don't remember

34.2 WIND (Circle One)

- ☒ a. No wind
- b. Slight breeze
- c. Strong wind
- d. Don't remember

34.3 WEATHER (Circle One)

- ☒ a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

34.4 TEMPERATURE (Circle One)

- a. Cold
- ☒ b. Cool
- c. Warm
- d. Hot
- e. Don't remember

35. When did you report to some official that you had seen the object?

Day Month Year

DIDNT JUST TOLD MY MOTHER

36. Was anyone else with you at the time you saw the object?

(Circle One) Yes ☒ No

36.1 IF you answered YES, did they see the object too?

(Circle One) Yes No

36.2 Please list their names and addresses:

37. Was this the first time that you had seen an object or objects like this?

(Circle One) Yes ☒ No

37.1 IF you answered NO, then when, where, and under what circumstances did you see other ones?

38. In your opinion what do you think the object was and what might have caused it?

I REAZY THINK THAT THEY WERE
FLYING SAUCERS

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<p>39. Do you think you can estimate the speed of the object? (Circle One) Yes <u>No</u> IF you answered YES, then what speed would you estimate? _____ m.p.h.</p>									
<p>40. Do you think you can estimate how far away from you the object was? (Circle One) Yes No <u>NOT SURE</u> IF you answered YES, then how far away would you say it was? <u>40,000</u> feet.</p>									
<p>41. Please give the following information about yourself:</p> <p>NAME <u>[REDACTED]</u> <u>[REDACTED]</u> <u>[REDACTED]</u> <small>First Name Last Name Middle Name</small></p> <p>ADDRESS <u>[REDACTED]</u> <u>LITTLE NECK 62</u> <u>N.Y.</u> <small>Street City Zone State</small></p> <p>TELEPHONE NUMBER <u>[REDACTED]</u></p> <p>What is your present job? <u>STUDENT</u></p> <p>Age <u>17</u> Sex <u>MALE</u></p> <p>Please indicate any special educational training that you have had.</p> <table style="width: 100%;"> <tr> <td>a. Grade school _____</td> <td>e. <u>Technical school</u> <u>THOMAS A. EDISON</u></td> </tr> <tr> <td>b. High school _____</td> <td>(Type) _____</td> </tr> <tr> <td>c. College _____</td> <td>f. Other special training _____</td> </tr> <tr> <td>d. Post graduate _____</td> <td>_____</td> </tr> </table>		a. Grade school _____	e. <u>Technical school</u> <u>THOMAS A. EDISON</u>	b. High school _____	(Type) _____	c. College _____	f. Other special training _____	d. Post graduate _____	_____
a. Grade school _____	e. <u>Technical school</u> <u>THOMAS A. EDISON</u>								
b. High school _____	(Type) _____								
c. College _____	f. Other special training _____								
d. Post graduate _____	_____								
<p>42. Date you completed this questionnaire: <u>TUE.</u> <u>MARCH</u> <u>63</u> <small>Day Month Year</small></p>									